

**SUPPLEMENTAL DECLARATION
OF UTILITY OR DESIGN PATENT
APPLICATION
(37 CFR 1.67)**

Attorney Docket Number	042390.P10918
First Named Inventor	Doron Orenstein
COMPLETE IF KNOWN	
Application Number	10/038,162
Filing Date	January 2, 2002
Art Unit	2863
Examiner Name	Tung S. Lau

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below, next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Deterministic Power-estimation For Thermal Control

the specification of which

_____ is attached hereto.

OR

_____ was filed on (if applicable):

_____ as United States Application Number 10/038,162
or _____ as PCT International Application Number _____
and was amended on 09/13/2005 (if applicable)

I hereby declare that the subject matter of the ___ attached amendment X amendment filed on as subsequently amended by the Examiner's Amendment dated April 3, 2006 was part of the invention and was invented before the filing date of the original application, above-identified for such invention.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) or any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

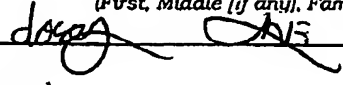
Prior Foreign Application(s):

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?

Correspondence:Direct all correspondence to Customer Number 08791.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this undersigned Inventor

Full Name: Doron Orenstien
(First, Middle (if any), Family Name (or Surname), and Suffix (if any))
Inventor's Signature  **Date** 2- July - 06
Residence Haifa, Israel **Citizenship** Israeli
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Mailing Address 12 Igal Alon Street
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Ronny Ronen
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NAME OF THIRD INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____
(First, Middle (if any), Family Name (or Surname), and Suffix (if any))
Inventor's Signature _____ **Date** _____
Residence _____ **Citizenship** _____
(City, State, Country) (Country)
Mailing Address _____

Correspondence:

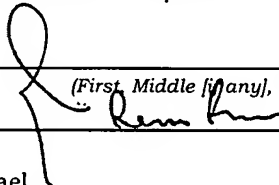
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Full Name: Ronny Ronen
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NAME OF THIRD INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])
Inventor's Signature _____ **Date** _____
Residence _____ **Citizenship** _____
(City, State, Country) (Country)
Mailing Address _____
